

# **PHA Plans**

## **Streamlined Annual Version**

**U.S. Department of Housing and  
Urban Development**  
Office of Public and Indian  
Housing

OMB No. 2577-0226  
(exp. 08/31/2009)

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

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# **Streamlined Annual PHA Plan for Fiscal Year: 2008**

## **PHA Name: Georgiana Housing Authority**

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.**

## Streamlined Annual PHA Plan Agency Identification

**PHA Name:** Georgiana Housing Authority

**PHA Number:** AL094

**PHA Fiscal Year Beginning:** 03/31/2008

### PHA Programs Administered:

☐ **Public Housing and Section 8**

Number of public housing units:

Number of S8 units:

☐ **Section 8 Only**

Number of S8 units:

☒ **Public Housing Only**

Number of public housing units: 100

☐ **PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

### PHA Plan Contact Information:

Name: Susan Houston

Phone: 334-376-9131

TDD:

Email (if available): gahouse01@centurytale.net

### Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:**  
(select all that apply)

PHA's main administrative office    ☒    PHA's development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.    ☒ Yes    ☐ No.

If yes, select all that apply:

☒ Main administrative office of the PHA

☐ PHA development management offices

☐ Main administrative office of the local, county or State government

☐ Public library    ☐ PHA website    ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

☒ Main business office of the PHA    ☐ PHA development management offices

☐ Other (list below)

**Streamlined Annual PHA Plan**  
**Fiscal Year 2008**  
[24 CFR Part 903.12(c)]

**Table of Contents**  
[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

**A. PHA PLAN COMPONENTS**

- ☐ 1. Site-Based Waiting List Policies  
**903.7(b)(2) Policies on Eligibility, Selection, and Admissions**
- X 2. Capital Improvement Needs  
**903.7(g) Statement of Capital Improvements Needed**
- ☐ 3. Section 8(y) Homeownership  
**903.7(k)(1)(i) Statement of Homeownership Programs**
- ☐ 4. Project-Based Voucher Programs
- X 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- X 6. Supporting Documents Available for Review
- X 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- X 8. Capital Fund Program 5-Year Action Plan

**B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

**Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

**Form HUD-50070, Certification for a Drug-Free Workplace;**

**Form HUD-50071, Certification of Payments to Influence Federal Transactions;** and

**Form SF-LLL & SF-LLLa, Disclosure of Lobbying Activities.**

TABLE OF CONTENTS – AVAILABLE FOR REVIEW

- A. Performance & Evaluation Reports for Open CFP Grants (501-2006, 501-2007)
- B. Copies of Signed Certifications
- C. Board Resolution Authorizing Plan Submission
- D. Policy Defining Substantial Change in Agency Plan
- E. Public Hearing Documentation (Hearing Held 01/10/08)
- F. Resident Member on PHA Board and Membership of Resident Advisory Board
- G. Initial Assessment and Voluntary Conversion Worksheet
- H. Analysis of Impediments to Fair Housing for City of Georgiana (12/2006)
- I. Most Recent Operating Budget (FYE 03/31/08)
- J. Current ACOP (Adopted 07/30/04)
- K. Ceiling and Flat Rent Schedule (Effective 10/01/07)
- L. PHAS Scoring Information (FY 2007)
- M. Grievance Procedure
- N. Cooperation Agreement with TANF Agency
- O. CHAS Data (From 2002 Projection Data)
- P. Pet Policy & Assistance Animal Policy
- Q. Audit for FYE 03/31/2007
- R. Policy on Safety, Fire & Crime Prevention & Police Rental Policy
- S. Section 504 and ADA Self Evaluation/Needs Assessment and Transaction Plan
- T. Maintenance & Pest Control Policies
- U. Deconcentration Policy (06/16/1999)
- V. Dwelling Lease and Bylaws of the Georgiana Housing Authority
- W. Income Exclusions Policy and HUD Discretion in Treatment of Over Income Families
- X. Tenant Allowance and Consumption for Utilities Report
- Y. Procurement/Disposition Policy (Adopted 06/26/2006)

## 1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

### A. Site-Based Waiting Lists-Previous Year – N/A

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4. ☐ Yes ☒ No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

### B. Site-Based Waiting Lists – Coming Year

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year? N/A
2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?

- If yes, how many lists?
3. ☐ Yes ☐ No: May families be on more than one list simultaneously  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- ☐ PHA main administrative office
  - ☐ All PHA development management offices
  - ☐ Management offices at developments with site-based waiting lists
  - ☐ At the development to which they would like to apply
  - ☐ Other (list below)

## **2. Capital Improvement Needs**

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

### **A. Capital Fund Program**

1. X Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2. X Yes ☐ No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

### **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1. ☐ Yes X No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

HOPE VI Revitalization Grant Status	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
	<input type="checkbox"/> Revitalization Plan under development
	<input type="checkbox"/> Revitalization Plan submitted, pending approval
	<input type="checkbox"/> Revitalization Plan approved
	<input type="checkbox"/> Activities pursuant to an approved Revitalization Plan underway

3. ☐ Yes X No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:
4. ☐ Yes X No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:
5. ☐ Yes X No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**  
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

N/A

1. ☐ Yes X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

- ☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria:

c. What actions will the PHA undertake to implement the program this year (list)?

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- ☐ Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- ☐ Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- ☐ Demonstrating that it has other relevant experience (list experience below):

#### **4. Use of the Project-Based Voucher Program N/A**

##### **Intent to Use Project-Based Assistance**

☐ Yes ☒ No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1. ☐ Yes ☐ No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
  - ☐ low utilization rate for vouchers due to lack of suitable rental units
  - ☐ access to neighborhoods outside of high poverty areas
  - ☐ other (describe below:)
2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

#### **5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.



1. Consolidated Plan jurisdiction: (provide name here): Local

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- X Other: (list below) PHA Board Review

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

\* PHA Board reviewed and approved rent collection policy effective April 1, 2007 (see page 24)

\*PHA Board reviewed and approved Violence Against Women's Act – Georgiana Housing Authority Policy effective March 1, 2008. (see page 25)

\*PHA Board reviewed and approved modification of rents, per HUD reg.'s and vote. New rents will be effective Oct 1, 2007 (see pages 26, 27)

## **6. Supporting Documents Available for Review for Streamlined Annual PHA Plans**

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed	5 Year and Annual Plans

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	
	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. x Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with	Annual Plan: Capital Needs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Disabilities Act. See PIH Notice 99-52 (HA).	
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Georgiana Housing Authority			Grant Type and Number Capital Fund Program Grant No: AL09P09450108 Replacement Housing Factor Grant No:		Federal FY of Grant: 2008
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	6603.44			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	100,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service	49113.56			
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	155,717			
22	Amount of line 21 Related to LBP Activities	22000			
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
Part II: Supporting Pages**

[illegible]

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part III: Implementation Schedule**

PHA Name: Georgiana Housing Authority		Grant Type and Number Capital Fund Program No: AL09P09450108 Replacement Housing Factor No:					Federal FY of Grant: 2008
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
AL094	9/10			9/12			

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: Georgiana Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P09450107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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Original Annual Statement ☐ Reserve for Disasters/ Emergencies x Revised Annual Statement (revision no: 1)  
☐ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations		7800.00		
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7800	0.00		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	96122.67			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service	49947.33			
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	153870			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Georgiana Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P09450107 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AL094-1	A&E Fees-	1430		7800	0.00			
AL094-1	Lead Based Paint and Mod Rehab 8 units	1460		96122.67				
AL094-1	Bond Pool	1501		49947.33				
AL094-1	Operations	1406		0.00	7800			



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: Georgiana Housing Authority		Grant Type and Number Capital Fund Program No: AL09P09450107 Replacement Housing Factor No:					Federal FY of Grant: 2007
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
AL094	9/09			9/11			

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: Georgiana Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P09450106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
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Original Annual Statement ☐ Reserve for Disasters/ Emergencies x Revised Annual Statement (revision no: 1)  
☐ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	0.00	1050		
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8900	11700		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	90745.59	86895.59		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service	50676.44			
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	150322			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Georgiana Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09P09450106 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AL094-1	Operations	1406		0.00	1050			
AL094-1	Fees & Cost	1430		8900	11700			
AL094-1	Modernization of 18 Units with LBP	1460		90745.59	86895.59			
	abatement,conversion							
	to total electric,new							
	cabinets,bathroom							
	fixtures, doors,							
	windows							
PHA WIDE	Bond Pool Debit	1501		50676.41	50676.41			

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name		Housing Authority of the City of Georgiana, Alabama		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA-Wide	Year 1 2008	Work Statement for Year 2  FFY Grant: PHA FY: 2009	Work Statement for Year 3  FFY Grant: PHA FY: 2010	Work Statement for Year 4  FFY Grant: PHA FY: 2011	Work Statement for Year 5  FFY Grant: PHA FY: 2012
	Annual Statement				
AL094		150322	150322	150322	150322
CFP Funds Listed for 5-year planning		150322.00	150322.00	150322.00	150322.00
Replacement Housing Factor Funds					

## Capital Fund Program Five-Year Action Plan

### Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :__2009_ FFY Grant: PHA FY: 2009			Activities for Year: __2010_ FFY Grant: PHA FY: 2010		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	<i>94-1</i>	<i>1430, A&amp;E Fees</i>	2140.59	<i>AL094</i>	<i>1430, A&amp;E Fees</i>	3114.84
Annual						
Statement	<i>AL094-1, 94-3A&amp;B</i>	1460, LBP testing abatement, mod rehab, Foundation repair	100,000	<i>AL094-1, 94-3A&amp;B</i>	1460, LBP abatement, mod rehab,foundation repair	100,000
	PHA Wide	1501, Bond Pool	48181.41		1501, Bond Pool	47207.16
Total CFP Estimated Cost			\$150322.00			\$150322.00

## Capital Fund Program Five-Year Action Plan

### Part II: Supporting Pages—Work Activities

Activities for Year :__2011_ FFY Grant: PHA FY: 2011			Activities for Year: 2012 FFY Grant: PHA FY:		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<i>AL094</i>	<i>1430, A&amp;E Fees</i>	4081.13	<i>AL094</i>	<i>1430, A&amp;E Fees</i>	
<i>AL094-1, 94-3A&amp;B</i>	1460, LBP abatement, mod rehab, foundation repair	100,00	<i>AL094-1, 94-3A&amp;B</i>	1460, LBP abatement, mod rehab, foundation repair	100,180.65
PHA Wide	1501, Bond Pool	46240.87		1501Bond Pool	50141.35
Total CFP Estimated Cost		\$ 150322.00			\$150322.00

RENT COLLECTION POLICY FOR THE HOUSING AUTHORITY OF THE CITY OF GEORGIANA, ALABAMA  
EFFECTIVE APRIL 1, 2007

1. Rent and/or other charges are due and payable on or before the first working day of the month.
2. Rent and/or other charges become delinquent at the close of business on the tenth (10<sup>th</sup>) day of the month.
3. A delinquent (late payment) fee, in the amount of \$25.00 will be assessed on the eleventh (11<sup>th</sup>) day of the month.
4. An additional delinquent (late payment) fee, in the amount of \$25.00 will be assessed on the twenty-first (21<sup>st</sup>) day of the month.
5. If a tenant informs management by the first (1<sup>st</sup>) day rent and/or other charges are due, due to no fault of their own, that they will be unable to pay rent and/or other charges by the due date, the following will apply:
  - a. A written, signed "Rent Payment Schedule Agreement", by the tenant, that all delinquent rent and/or other charges will be paid by the end of the current month.
  - b. Verification of circumstances reported by the tenant will be required by the tenth (10<sup>th</sup>) day of the month or the late fee(s) will be applied as noted above.
  - c. Under no circumstances shall there be more than one "Rent Payment Schedule Agreement", between management and a particular tenant at any one time.
6. On the eleventh (11<sup>th</sup>) day of the month, management will AUTOMATICALLY begin the eviction process, in accordance with the terms of the HUD-approved lease as follows:
  - a. Rent and/or other charges are not paid by the close of business on the tenth (10<sup>th</sup>) day of the month.
  - b. Rent and/or other charges are not paid in accordance with a "Rent Payment Schedule Agreement.
7. Once the eviction process begins, by the issuance of a lease termination notice, it will be pursued to the final removal of the tenant, unless tenant avails themselves of the HUD-approved grievance procedures or the courts, and prevails.
  - a. No monies will be accepted during the prosecution of the eviction procedures.
  - b. Management shall seek judgment for, and collection of amounts owed, once the recalcitrant tenant has vacated.
8. A tenant may qualify for a Formal Rent Payment Agreement provided no other agreement has been made during the eviction process.
  - a. The Formal Rent Payment Agreement requires a minimum down-payment of one-third (1/3) of the balance at the time the agreement is executed.
  - b. Tenant will be required to pay all current charges plus the amount of agreed Formal Repayment no later than the tenth (10<sup>th</sup>) of each month.
  - c. All monies will be due in full if the Formal Rent Payment Agreement is defaulted.
9. The Housing Authority will no longer accept cash as payment for rent and/ or other charges. Personal checks or money orders will be the only type of payment accepted.  
In the event of a returned check, a money order will be the only accepted payment.

NAME \_\_\_\_\_ DATE \_\_\_\_\_



GEORGIANA HOUSING AUTHORITY  
POLICY GOVERNING VIOLENCE AGAINST WOMEN ACT

The Housing Authority of the City of Georgiana (GHA) in order to promote drug free, decent, safe and sanitary housing for families and to provide opportunities and promote economic independence for residents, the following policy has been established.

GHA will prohibit the eviction of and the removal of assistance from certain persons living in public housing if the assertive ground for such action is an instance of domestic violence, dating violence, sexual assault, or stalking as the terms in Section 3 of the United States Housing Act of 1937. The GHA will only take action to have the person committing the violence removed from the dwelling lease for the protection of the family.

GHA has developed a form for victims to certify that the alleged incident of abuse was bona fide and agrees to have the person removed from the lease. The GHA will allow the victim and family to relocate to another public housing development managed by the GHA for safety reasons if applicable at the time.

The GHA will receive a copy of the reported incident from the police department for certification purposes only.

The GHA will take the appropriate measures necessary to help secure the safety of the individual and family members by issuing a Trespass Notice to the alleged abuser, removing the individual from the dwelling lease, cooperating with The Family Sunshine Center (Montgomery, Alabama), and the Georgiana Police Department.

Should the alleged abuser be a visitor or non tenant of the GHA then a Trespass Notice will be issued to violator banning the individual from Georgiana Housing Authority property. The tenant and family members will be prohibited from allowing the abuser to visit regardless of the relative association. The GHA will explain the Trespass Requirements and Tenant Obligations at the issuance of the Trespass Notice. Only in the event of tenant failure to comply with the Trespass requirements after the notice has been issued will cause termination of tenancy.

As long as the tenant (individual) and/or family members comply with the conditions of the certifications, eviction from public housing assistance can and will be avoided.

# **GEORGIANA HOUSING AUTHORITY**

**P. O BOX 279**

**Georgiana, Al. 36033**

August 17, 2007

## **Notice: TO ALL RESIDENTS**

The Board of Commissioners has adopted FLAT RENTS, which shall be used in rent determination effective October 1, 2007. Section 3(a) of the USHA amended by Sec. 523 of QHWRA (Act) of 1998 provided families the choice of a flat rent or income based rent.

FLAT RENTS ARE ESTABLISHED AND ADOPTED AS FOLLOWS:

### **APARTMENTS WITH CENTRAL AIR AND HEAT**

<b>1BR</b>	<b>2BR</b>	<b>3BR</b>	<b>4BR</b>	<b>5BR</b>
<b>\$202</b>	<b>\$235</b>	<b>\$275</b>	<b>\$320</b>	<b>\$386</b>

### **APARTMENTS WITHOUT CENTRAL AIR AND HEAT**

<b>OBR</b>	<b>1BR</b>	<b>2BR</b>	<b>3BR</b>	<b>4BR</b>
<b>\$133</b>	<b>\$177</b>	<b>\$221</b>	<b>\$266</b>	<b>\$310</b>

### **APARTMENTS WITHOUT CENTRAL AIR AND HEAT AND WITH ELECTRIC STOVES**

<b>1BR</b>	<b>2BR</b>
<b>\$179</b>	<b>\$206</b>

**Residents must be given the choice of rents annually. Documentation of flat rent offers to residents must be maintained in the file for audit.**

Susan Houston

Executive Director

Reference Board Resolution August 17, 2007

**AUGUST 17, 2007**

**NOTICE TO PUBLIC HOUSING RESIDENTS  
HOUSING AUTHORITY OF THE CITY OF GEORGIANA**

The Board of Commissioners has adopted CEILING RENTS, which shall be used in rent determination effective October 1, 2007

**CEILING RENTS ARE ESTABLISHED AND ADOPTED AS FOLLOWS:**

**APARTMENTS WITH CENTRAL AIR AND HEAT**

<b>1BR</b>	<b>2BR</b>	<b>3BR</b>	<b>4BR</b>	<b>5BR</b>
<b>\$202</b>	<b>\$235</b>	<b>\$275</b>	<b>\$320</b>	<b>\$386</b>

**APARTMENTS WITHOUT CENTRAL AIR AND HEAT**

<b>0BR</b>	<b>1BR</b>	<b>2BR</b>	<b>3BR</b>	<b>4BR</b>
<b>\$133</b>	<b>\$177</b>	<b>\$221</b>	<b>\$266</b>	<b>\$310</b>

**APARTMENTS WITHOUT CENTRAL AIR AND HEAT AND WITH ELECTRIC STOVES**

<b>1BR</b>	<b>2BR</b>
<b>\$179</b>	<b>\$206</b>

**Susan Houston  
Executive Director**

**Reference Board Resolution August 17, 2007.**

